

## **BOARD OF HEALTH**

GRAFTON MEMORIAL MUNICIPAL CENTER
30 PROVIDENCE ROAD
GRAFTON, MASSACHUSETTS 01519
(508) 839-5335 x1119
(508) 839-8559 FAX



healthdept@grafton-ma.gov

## FUNERAL DIRECTORS LICENSE APPLICATION

The undersigned hereby makes application for a license as a **Funeral Director** in this town for the year ending **April 30, 2016**.

Name of Applicant:			_	
Address of Applicant:Street		City/Town	State	Zip
Telephone #:	E-Mail:		Emergency #:	
Date of Appointment:	License #(s): _			
Location of Place of Business	S:			
Street	City/Town		State	Zip
Establishment Telephone #: _				
Engaged in any other Location	on: Yes:	No:		
If Yes: Name of Establishm	ent (if different)			
Address of Establishment:				
Telephone#:	E-Mail:		Emergency #:	
Mailing Address (if different	from location of bu	siness):		
Signature:		Date:		

FEE: \$25.00

## MASSACHUSETTS DEPARTMENT OF REVENUE

## REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under the law.

*Signature of Individual or Corporate Name (Mandatory)	
By: Corporate Officer (Mandatory, If Applicable)	
**Social Security Number or Federal Identification Number	

\*\*Your Social Security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law C. 62C s. 49A.

11/2015

<sup>\*</sup>This license will not be issued unless this certification clause is signed by the applicant.